	ILED
U	ANITOTAL
NORTHERN D	ARD W. WIEKING
E-filing	AND THE PERSON NAMED IN COLUMN

_	<b>-</b>
7	
8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
9	NORTHER DE LEE
10	WILLIE WEAVER Plaintiff. CASE NO. 596
11	)
12	vs. PRISONER'S APPLICATION TO PROCEED
13	PELICAN BAY STATE APPLICATION TO PROCEED IN FORMA PAUPERIS
14	Defendant.
15	
16	I, WILLIE WEAVER, declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross: Net:
27	Employer:

1	If the answer is "no," state	the date of last emp	ploym	ent and the	amou	nt of the g	ross ar	nd net
2	salary and wages per month which you received. (If you are imprisoned, specify the last							
3	place of employment prior	to imprisonment.)			-		_	
4	SACRA	MENTO F	IIR	PORT	·	300	ω e	exu
5	1260 M	onthly						<del></del>
6								·
7	2. Have you received,	within the past tw	elve (1	(2) months	, any n	noney from	n any c	of the
8	following sources:			ř.		_		
9	a. Business, P.	rofession or		Y	es	No		
ιο	self employ	ment					_	
11	b. Income from	n stocks, bonds,		Y	es	No		
12	or royalties'	?		٠.				
13	c. Rent payme	nts?				No V		
14	d. Pensions, a	nnuities, or		Y	es	No, <u>~</u>		
15	life insuran	ce payments?						
16	e. Federal or S	State welfare paym	ents,	Y	es	No		•
17	Social Secu	rity or other gover	n-					
18	ment source							
19	If the answer is "yes" to an	y of the above, des	scribe (	each source	e of m	oney and	state the	e amount
20	received from each.							
21						<u> </u>		<del></del>
22					<del></del> -			<del></del>
23	3. Are you married?					No	<del>-</del>	
24	Spouse's Full Name:						<del></del>	
25	Spouse's Place of Employ			<u> </u>				
26	Spouse's Monthly Salary,	Wages or Income:				•		
27	Gross \$	N	et \$				<u> </u>	<del></del>
28	4. a. List amou	nt you contribute to	o your	spouse's su	apport:	\$		

- 2 -

PRIS. APP. TO PROC. IN FORMA PAUPERIS

b. List the persons other than your spouse who are dependent upon support and indicate how much you contribute toward their supp For minor children, list only their initials and ages. DO NOT IN THEIR NAMES.).	
support and indicate how much you contribute toward their support and you contribute toward their support and you contribute toward their support and you contribute toward the support and you contribute toward the support and you contribute toward	
For minor children, list only their initials and ages. DO NOT IN THEIR NAMES.).	(2.00 = -
4 THEIR NAMES.).	ICLUDE
5	
<b>4</b> ——	radi ver elgan me urellistik på emperen val fildet
6	
7 5. Do you own or are you buying a horne? Yes No	
8 Estimated Market Value: \$ Amount of Mortgage: \$	
9 6. Do you own an automobile? Yes No	•
10 Make Year Model	
11 Is it financed? Yes No If so, Total due: \$	<del></del>
Monthly Payment: \$	
13 7. Do you have a bank account? Yes No (Do not include account)	
Name(s) and address(es) of bank:	
15	<u></u>
Present balance(s): \$	
Do you own any cash? Yes No Amount: \$	
Do you have any other assets? (If "yes," provide a description of each asset and	i its estimated
19 market value.) Yes No	
20	······································
What are your monthly expenses?	
22 Rent: \$ Utilities:	
23 Food: \$ Clothing:	· · · · · · · · · · · · · · · · · · ·
24 Charge Accounts:	i on This Acct.
25 Name of Account Worldny Layment	1 OII 1 III 5 1 1 0 0 1 1
26	
\$\$	

1	9. Do you have any other debts	? (List current obligations, indicating amounts and to
2	whom they are payable. Do not incl	ude account numbers.)
3		
4		
5	10. Does the complaint which yo	ou are seeking to file raise claims that have been presented
6	in other lawsuits? Yes No	
7	Please list the case name(s) and num	aber(s) of the prior lawsuit(s), and the name of the court in
8	which they were filed.	
9		
10		
11	I consent to prison officials v	withdrawing from my trust account and paying to the court
12		stallment payments required by the court.
13	I declare under the penalty of	f perjury that the foregoing is true and correct and
14	understand that a false statement her	ein may result in the dismissal of my claims.
15		110000
16	17/07/07	Willie Weaver
17	DATE	SIGNATURE OF APPLICANT
18		
19	· · · · · · · · · · · · · · · · · · ·	
20		
21		
22		
23	₩ j. J	
24	·	
25		
26		
27		
. 28	·	
PRIS. APP. TO PRO	C. IN FORMA PAUPERIS	-4-

Page 5 of 8

JW

(PR)

# **U.S. District Court Northern California**

# **ECF Registration Information Handout**

The case you are participating in has been designated for this court's Electronic Case Filing (ECF) Program, pursuant to Civil Local Rule 5-4 and General Order 45. This means that you **must** (check off the boxes Ø when done):

1) Serve this ECF Registration Information Handout on all parties in the case along with the complaint, or for removals, the removal notice. DO NOT serve the efiler application form, just this handout.

## Each attorney representing a party must also:

- 2) Register to become an efiler by filling out the efiler application form. Follow ALL the instructions on the form carefully. If you are already registered in this district, do not register again, your registration is valid for life on all ECF cases in this district.
- 3) Email (do not efile) the complaint and, for removals, the removal notice and all attachments, in PDF format within ten business days, following the instructions below. You do not need to wait for your registration to be completed to email the court.
- 4) Access dockets and documents using PACER (Public Access to Court Electronic Records). If your firm already has a PACER account, please use that it is not necessary to have an individual account. PACER registration is free. If you need to establish or check on an account, visit: <a href="http://pacer.psc.uscourts.gov">http://pacer.psc.uscourts.gov</a> or call (800) 676-6856.

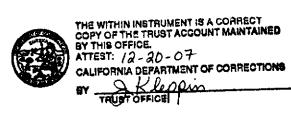
BY SIGNING AND SUBMITTING TO THE COURT A REQUEST FOR AN ECF USER ID AND PASSWORD, YOU CONSENT TO ENTRY OF YOUR E-MAIL ADDRESS INTO THE COURT'S ELECTRONIC SERVICE REGISTRY FOR ELECTRONIC SERVICE ON YOU OF ALL E-FILED PAPERS, PURSUANT TO RULES 77 and 5(b)(2)(D) (eff. 12.1.01) OF THE FEDERAL RULES OF CIVIL PROCEDURE.

All subsequent papers submitted by attorneys in this case shall be filed electronically. Unrepresented litigants must file and serve in paper form, unless prior leave to file electronically is obtained from the assigned judge.

ECF registration forms, interactive tutorials and complete instructions for efiling may be found on the ECF website: <a href="http://ecf.cand.uscourts.gov">http://ecf.cand.uscourts.gov</a>

Version 5/14/2007

	Case 5:07-cv-05961-JW Document 4 Filed 01/17/2008 Page 6 of 8
1	Case Number:
2	
3	
4	
5	CERTIFICATION OF FUNDS
6	IN
7	PRISONER'S ACCOUNT
8	
9	
11	I certify that attached hereto is a true and correct copy of the prisoner's trust account
12	statement showing transactions of Willie Eugene Weaver J91389 for the last six months at
13	
14	Pelican Bay State Prison where he is confined.
15	
16	I further certify that the average deposits each month to this prisoner's account for the
17	most recent 6-month period were \$13.13 and the average balance in the prisoner's account each
18	month for the most recent 6-month period was $$17.55$ . (20%= \$3.51)
19	
20	
21	
22	Dated: 12/20/27 & your out I for
23	Dated: 1/20 57
25	



REPORT ID: TS3030 .701
Case 5:07-cv-05961-JW Document 4 Filed 01/17/2008 |
CALIFORNIA DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
TOUR TRUET ACCOUNTING SYSTEM REPORT DATE: 12/19/07 Page 706F8 NO

INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 01, 2007 THRU DEC. 19, 2007

ACCOUNT NUMBER : J91389 ACCOUNT NAME : WEAVER, WILLIE EUGENE

BED/CELL NUMBER: BF02U 0000002105 ACCOUNT TYPE: I

PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
06/01/	2007	BEGINNING BA	LANCE				10.62
07/05 07/11* 07/19 07/19 07/19 07/19 07/19 07/19 07/19 07/19	D320 DD30 W215 W212 W212 W214 W214 W214 W215 W215 W212	TRUST FUNDS T CASH DEPOSIT FEDERAL FILIN	0078 CCI 0197 #006 0351 03/02 0351 03/02 0351 03/02 0351 03/02 0351 03/02 0351 03/02 0351 07/11 0351 07/11 0351 07/11		5.32 67.50	2.57 2.57 2.57 2.57 2.57 2.57 2.35 9.35 9.35 9.35	75.73 73.16 70.59 68.02 65.45 56.10 46.75 37.40 28.05
07/19 07/19 07/19 11/27 11/27 11/27 11/27 11/27 11/27	W214 W214 W211 W213 W214 W215 W212 W212	FEDERAL FILIN FEDERAL FILIN CASH DEPOSIT FEDERAL FILIN	0351 07/11 0351 07/11 0351 07/11 2318 ML101 2333 11/27 2333 11/27 2333 11/27 2333 11/27 2333 11/27		11.25	9.35 9.35 1.40 1.40 1.40 1.40	9.35 0.00 11.25 9.85 8.45 7.05 5.65 4.25 2.85

#### CURRENT HOLDS IN EFFECT

DATE PLACED	CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/31/2007	H103	DAMAGES-REFUSED TO SIGN HOLD DAMAGES-REFUSED TO SIGN HOLD	0506 CCI 0506 CCI	2.87 2.45
07/31/2007	H103	DAMAGES-KELOSED IO STAN HOED	<b>4</b>	



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

ATTEST: 12-20-07

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY TRUST OFFICE THE

REPORT ID: TS3030 .701

Case 5:07-cv-05961-JW Document 4 Filed 01/17/2008
PELICAN BAY STATE PRISON INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 01, 2007 THRU DEC. 19, 2007

ACCT: J91389

07/11/07

ACCT NAME: WEAVER, WILLIE EUGENE

ACCT TYPE: I

Page<sup>P8AGE</sup>8 NO

REPORT DATE: 12/19/07

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 01/19/96

DR30

COUNTY CODE: SAC

CASE NUMBER: 94F09335

12.50-

FINE AMOUNT: \$ 5,600.00

5,306.32

BALANCE TRANS. AMT. TRANS. DESCRIPTION DATE ----5.393.82 BEGINNING BALANCE 06/01/2007 75.00-5,318.82 REST DED-CASH DEPOSIT

REST DED-CASH DEPOSIT 11/27/07 DR30 \* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*

\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

#### TRUST ACCOUNT SUMMARY

BEGINNIN BALANCE	<u>.</u>	TOTAL EPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TO BE POSTED
10.	62	84.07	94.64	0.05	5.32	0.00

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE. ATTEST: /2-20-07 CALIFORNIA DEPARTMENT OF CORRECTIONS BY S Kleppin

CURRENT AVAILABLE BALANCE

5.27-